

SHELTER VALLEY PINES G.C. LEAGUE REGISTRATION FORM

Section 1 - Member Information

Mr. Mrs. Ms.

Last Name: _____ First: _____

Mailing Address: _____

City: _____ Pro: _____ Postal Code: _____

Home Phone: _____ Add #: _____

Email: _____

Emergency Contact: _____ Emergency #: _____

Section 2 - League Information

League: _____ Day: _____

Time Requested: _____

If you are wishing to play with another member each week, please write their name below

Name of Playing Partner _____

If the league is to play on the back nine, I would prefer to play the back nine....

Every Other Week Every Third Week Once a Month

Not happy with the way things are running in your league, how about voicing your concerns and making a difference... Your league is looking for committee members this season, are you interested in becoming the...

President VP Secretary Treasurer Volunteer Not Interested

OFFICE USE ONLY

REGISTRATION FEE

Fees were paid by: Cash Check

Has a receipt been issued: Yes No

This deposit was received and processed by:

Date

Printed Name

Signature

\$30.00